

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Feb 28 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # G03379 (6)

1. Corporation Name:
668 OPERATING CO., INC.



Principal Place of Business: **C/O BRIZEL R. CPA
 1001 IVES DAIRY RD #204
 MIAMI FL 33179
 US**

Mailing Address: **C/O BRIZEL R. CPA
 1001 IVES DAIRY RD #204
 MIAMI FL 33179-2501
 US**

3. Date Incorporated or Qualified: **10/06/1982** 3a. Date of Last Report: **04/30/1996**

4. FEI Number: **59-2426057** Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **20191 East Country Club Dr** 2a. Mailing Address: **20191 East Country Club Drive**

21. Suite, Apt. #, etc.: **403** 26. Suite, Apt. #, etc.: **403**

22. City & State: **Aventura** 27. City & State: **Aventura**

23. Zip: **33180** Country: **DADE** 29. Zip: **33180** Country: **DADE**

9. Name and Address of Current Registered Agent: **BRIZEL, ROBERT C
 1001 IVES DAIRY RD #204
 MIAMI FL 33179**

10. Name and Address of New Registered Agent:

81. Name: **IRIS AVRACH**

82. Street Address (P.O. Box Number is Not Acceptable): **20191 East Country Club Drive**

83. Apt. # 403

84. City: **Aventura** FL 85. Zip Code: **33180**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* **IRIS AVRACH** DATE: **2/24/97**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AVRACH, IRIS	1.2 NAME	
STREET ADDRESS	1001 IVES DAIRY RD #204	1.3 STREET ADDRESS	20191 East Country Club Drive #403
CITY- ST- ZIP	MIAMI FL	1.4 CITY- ST- ZIP	Aventura FLA 33180
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY- ST- ZIP		2.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **2/24/1997**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)